

OFFICE OF THE COLLEGE SECRETARY  
College of Arts and Sciences, UP Los Baños

## DOCUMENT REQUEST FORM

Date of request: **Click here to enter a date.**

Complete Name: **Enter here (Last Name, First Name, MI)**

Student Number: **Click here to enter text.**

Degree Program: **Choose an item.**

UP Email Address: **Click here to enter text.**

Mobile Number: **Click here to enter text.**

Student Classification:

☐ **Freshman**      ☐ **Sophomore**      ☐ **Junior**      ☐ **Senior**

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Reason for Requesting:

☐ **Extension**

☐ **Graduate Study**

☐ **Job Application/ OJT**

☐ **Medical/ Law School**

☐ **Readmission**

☐ **Reinstatement**

☐ **Scholarship**

☐ **Student Org Recognition**

☐ **Transfer/ Shift**

☐ **Readmission**

☐ **Others (please specify):**

\_\_\_\_\_

For True Copy of Grades (TCG):

☐ **All semesters enrolled**

☐ **1st Semester**

Indicate here the Academic Year Hear

☐ **2nd Semester**

Indicate here the Academic Year Hear

☐ **Midterm**

Indicate here the Academic Year Hear

Number of Copies:

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For Certification:

☐ **Bonafide Student**

☐ **Completion of Academic Requirement**

Number of Copies:

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☐ **Completion of PE (PEPE)**

☐ **General Weighted Average (GWA)**

☐ **Good Moral Character signed by the College Secretary**

☐ **Good Moral Character signed by the Dean**

☐ **Graduation**

For Certification:

Number of Copies:

☐ **Non-contract**

☐ **Prospective candidate for graduation**

☐ **Rank with**   ☐ **GWA**   ☐ **GPA**

(For graduated students only; must attach Transcript of Records)

☐ **Scholastic standing**

☐ **Units earned**

☐ **Units required in curriculum**

☐ **Year level/ Classification**

☐ **Others:**





**<< END OF FORM >>**